Correspondence

Body Parts Can Be Dangerous to Health

At times, it seems that the legal hand of the forensic sciences does not know what the medical hand is doing. An example of such confusion lies in the May, 1999 decision by the New York Court of Appeals rendered in the case of a bitten finger. In *People* v. *Maxwell Owusu*, the judges had to decide if teeth should be considered dangerous weapons. In a 5-to-1 decision, the Court ruled that the teeth of Mr. Owusu were not a weapon. The case stemmed from a 1996 incident in which Mr. Owusu was arrested for allegedly forcing his way into his estranged wife's Brooklyn apartment. Once inside, Owusu got into a fight with another man and bit the man's left index finger to the bone, severing nerves and causing permanent damage. Owuso was charged with first-degree burglary, first-degree assault, second-degree assault, and second-degree burglary, felonies which require the use or threat of a "dangerous instrument" during the commission of the crime. The top charge carried a possible sentence of $12^1/_2$ to 25 years in jail. The Court threw out the assault charges and the first-degree burglary charge and reduced the second-degree burglary to third-degree burglary, saying that teeth cannot be considered a dangerous instrument because they were part of Mr. Owusu's body and not some protable device he picked up to cause more serious injuries. In other words, Mr. Owusu's teeth came with him.

In light of the recent State Court of Appeals ruling that teeth are not "dangerous instruments," one must assume that the Court sought the learned opinions of medical, dental, and forensic experts before rendering such an incredible decision. It must seem amazing to the *Journal*'s readership that the Court ruled that an impulsively biting set of teeth would not be considered a weapon capable of producing severe short- and long-term physical as well as emotional trauma.

Members of the New York judiciary should visit their local morgue or pick up a textbook of forensic medicine to see just what kind of injuries different body parts are capable of producing. One need not have a medical degree to realize what grave injuries fists, elbows, teeth, and feet, etc. can inflict on the human body.

If the opportunity ever arises for another court to rule on a similar case, the justices should not overlook the fact that the human brain is the most deadly of all body parts. Without an evil-thinking brain, there can obviously be no way to marshal other benign-appearing body parts into instruments of physical aggression nor to form intent to commit acts of violence. Legal semantics and political rhetoric are not acceptable substitutes for common sense regarding matters of public safety and health.

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Commentary on Hubar JS, Carr RF. Computed dental radiography used to reproduce antemortem film position. J Forensic Sci 1999 Mar; 44(2):401–4

Sir:

We presented a lecture at the 1998 Academy of Forensic Sciences Annual Meeting in San Francisco about the use of digital radiography to identify the victims of the 1996 TWA Flight 800 disaster. More accurate replication of the antemortem radiograph film position was *only one of the many benefits* mentioned in that presentation. A thorough search of the literature should have revealed an abstract of that presentation in the proceedings from that meeting. Journalistic ethics and accuracy would require the authors of this paper to contact and interview the authors of the previously presented work on the identical subject, especially since the results are "in vivo" and far more valuable than the current "in vitro" report.

We do appreciate the authors taking the time to write the article and spread the word on the use of digital radiography in postmortem examinations. We do not appreciate the less than professional back ground research done by the authors, and by the editors of the Journal who should have been aware of the presentation of the same material at their own Academy's Annual meeting.

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Authors' Response

Sir:

We accept full responsibility for the literature search done prior to the acceptance of the above referenced paper. The paper was accepted for publication in final form in August of 1998. We did not encounter reference to a publication, abstract or otherwise, on the use of dental digital radiography, by Drs. Firestone and Friedman in that search, nor have we found one in a specific retrospective search of the Journal of Forensic Sciences, 1998 (all issues) through March 1999 (the issue in which our paper appeared). Presumably the Journal of Forensic Sciences would contain meeting abstracts of the Academy of Forensic Sciences were these to be published. Maybe we are just not getting it. (?).

Unfortunately, neither of us was able to attend the 1998 Academy of Forensic Sciences Annual Meeting to hear Drs. Firestone and Friedman present their lecture. Even more regrettable, we do not have a meeting program in which we assume, an abstract of the lecture has been printed. Had we known of such an abstract while writing our paper, we certainly would have referred to it.

Though we do not comprehend the apparent reference to postmortem identification as an in vivo process, we nonetheless look

forward to seeing an expanded publication on the use of digital radiography to identify victims of the 1996 TWA Flight 800 disaster by Drs. Firestone and Friedman and congratulate them on their work in this regard.

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Commentary on Swalwell CI, Davis GG. Methamphetamine as a risk factor for acute aortic dissection. J Forensic Sci 1999;44(1): 23–6.

Sir:

I read with great interest the very informative article written by Drs. Swalwell and Davis cited above. I would like some additional information on the study patients. Is it possible for the authors to state the exact age of all persons positive for methamphetamine who were 21 years of age or younger, if any, in this study. Also, a table or listing of the age and etiologic factor of the acute aortic dissection, if any, for each of the study patients would provide additional important information. It would also be interesting to know if the 13-year-old person with acute aortic dissection was positive for methamphetamine.

This information would be important to practitioners responsible for the health care of children, teens and young adults, particularly those involved in the acute care setting. I thank you for your efforts.

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Authors' Response

Sir:

We wish to thank Dr. Fikar for his interest in our recent article (1). Since we were interested in both the short and long term effects of drugs, we confined our study to adults (18 and older), which is why the 13 year old was not included. The ages of the methamphetamine cases were 28, 39, 42, 43 (three cases) and 52 years of age. Of these cases, four of them had a known history of hypertension. The only other risk factor in this group is that one of the cases had a bicuspid aortic valve. The 13 year old was excluded solely based on his age. He had no known or identifiable risk factors for his dissection, which by the time of his death had ruptured into both chest cavities. He had developed the symptoms of back pain and vomiting while at an amusement park and was taken to the hospital a short time later. It is interesting to note that he had an episode of back pain one week prior to his death. As far as we can ascertain, he never had any toxicologic studies done. He was not known to use drugs.

Reference

1. Swalwell CI, Davis GG. Methamphetamine as a risk factor for acute aortic dissection. J Forensic Sci 1999;44(1):23–6.

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